24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	
	C C00544767
Check if 24-hour report X 48-hour report New report X Amends re	eport filed on 12 02 2015
Full Name of Payee	Date of Public Distribution/Dissemination
AMERICAN ACTION NEWS, LLC	12 01 / Y Y Y Y Y Y
Mailing Address 203 S. UNION ST, STE 300	Amount
City State Zip Code	1135.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.11736 Date of Disbursement or Obligation
Purpose of Expenditure DECEMBER MONTHLY ONLINE ADVERTISING FEES Category/ Type	12
Name of Federal Candidate Support	Office Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 317737.90	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST	12 01 2015
117 N. SAINT ASAPH ST	Amount
City State Zip Code	2299.26
ALEXANDRIA VA 22314	Transaction ID : SE24.11732
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
DECEMBER MONTHLY LIST RENTAL FEES Type	12 01 2015
Name of Federal Candidate Support	Office Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 317737.90	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3424.26
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	····· >
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	·
Dan Backer	M M / D D / Y Y Y Y
[Electronically Filed] Signature	ate 02 20 2016

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SE

Transaction ID : SE24.11736

This report amended to update final disbursement amounts.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Stop Hillary PAC	C C00544767	
	M = M / D = D / Y = Y = Y	
Check if 24-hour report 48-hour report New report Amends report filed	on 12 02 2015	
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination	
Mailing Address 117 N. SAINT ASAPH ST	12 01 2015	
	Amount	
City State Zip Code	2463.27	
ALEXANDRIA VA 22314	Transaction ID : SE24.11733 Date of Disbursement or Obligation	
Purpose of Expenditure DECEMBER MONTHLY EXTERNAL DEPLOYMENT COSTS Category/ Type	12 01 7 2015	
Name of Federal Candidate Support Office	e Sought: House District:	
HILLARY CLINTON Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary	
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination	
Mailing Address 117 N. SAINT ASAPH ST	12 01 2015 Amount	
City State Zip Code	0.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.11734 Date of Disbursement or Obligation	
Purpose of Expenditure DECEMBER MONTHLY FACEBOOK ADVERTISING Category/ Type	12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: House District:	
HILLARY CLINTON Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	2463.27	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
24.0)2	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report X Amends report filed on	n 12
Full Name of Payee CD, INC.	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 1877	12 01 2015
	Amount
City State Zip Code	8500.00
	Fransaction ID : SE24.11735 Date of Disbursement or Obligation
Purpose of Expenditure DECEMBER MONTHLY LIST RENTAL FEES AND ONLINE ADVERTISING Category/ Type	12
Name of Federal Candidate Support Office S	Sought: House District:
HILLARY CLINTON Oppose Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For:
	Date of Public Distribution/Dissemination
POLITICAL LIST BROKERS, LLC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S. WEST ST	Amount
PMB 826	Anount
City State Zip Code	0.00
	ransaction ID : SE24.11737 Date of Disbursement or Obligation
Purpose of Expenditure DECEMBER MONTHLY LIST RENTAL FEES Category/ Type	12 01 2015
Name of Federal Candidate Support Office S	Sought: House District:
HILLARY CLINITON	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary
	(1)
(a) SUBTOTAL of Itemized Independent Expenditures	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Dan Backer [Electronically Filed] Date 02	20 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	C 300344707
Check if 24-hour report	on 12 / 02 / 2015
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
CAIVIFAIGIN SOLUTIONS	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. SAINT ASAPH ST	Amount
City State Zip Code	2924.59
ALEXANDRIA VA 22314	Transaction ID : SE24.11733_B Date of Disbursement or Obligation
Purpose of Expenditure BUMPER STICKERS Category/ Type	12 01 7 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee MEDIADC	Date of Public Distribution/Dissemination
Mailing Address 1150 17TH ST NW	12 01 2015
1100 17111 01 1111	Amount
SUITE 503 City State Zip Code	440.05
WASHINGTON DC 20036	Transaction ID : SE24.11733_C Date of Disbursement or Obligation
Purpose of Expenditure DECEMBER MONTHLY ADVERTISING Category/ Type	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3364.64
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	17752.17
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Dan Backer [Electronically Filed] Date)2 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	